

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	64621	9/26
O.I.P.E. CLASSIFIER	SW	Y5	9/30
FORMALITY REVIEW	SW	72570	11/15 w
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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Original	
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Claim	Date
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Original	0/2/5
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95	✓ ✓ ✓
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Claim	Date
Final	2/3/5
Original	0/2/5
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If more than 150 claims or 10 actions  
staple additional sheet here

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